UNITED STATES HOUSE OF REPRESENTATIVES	FORM B For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTS
34 0 31		18 AUG 23 PM 1:26
Name: (210rge "Ges" Selmoint	Daytime Telephone:	U.S. Louise by Market
New Member of or Candidate for State: FL U.S. House of Representatives District: 4 Candidates – Date of Election:	Check if Amendment	(Office Use Only)
New Officer or Employee Staff File Employing Office: Shared	Staff Filer Type (If Applicable): Shared Principal Assistant toto	A \$200 penaity shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	THESE QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearmed income from any reportable asset during the reporting period?	No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting ugh the date of filing? Yes No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	No F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangement with an Yes No X
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	r years?
ATTACH THE CORF	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	3:
THIS FORM INCLUDES ONLY 1	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	INFORMATION - ANSWER BOTH OF THESI	E QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	on Ethics and certain other "excepted trusts" need not be disclosed. I	Have you excluded Yes No 🔀
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent ch exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	income, or liabilities of a spouse or dependent child because they meet all three tests for ittee on Ethics.	et all three tests for Yes No 🔀

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

BLOCK A Assets and/or Income Sources Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols).	Value of Asset Value of Asset Value of Asset Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be 'None.' *Column M is for assets held by your spouse or dependent child in which you have no interest.	Type of income Type of income Type of income Check all columns that apply. For accounts de that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, the "Tax-Deferred" column. Dividends, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check those" if the asset generated no income during the reporting period.	Amount of Income Amount of Income Amount of Income Amount of Income For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.	Income K.C. you may check the "None" colume appropriate box below. Dividends as income for assets held in taxa sent child in which you have no interest
Provide complete names of stocks and mutual funds (do not use only ticker symbols).				
For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.				
For bank and other cash accounts, total the amount in sall interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	A 88 C C D FF F		- III III V V V VI VII VII X X XI XII	I III IV V VI VII VIII I
For rental and other real property held for investment, provide a complete address or description, e.g., 'rental property," and a city and state.		ome)		
For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.		me or Farm Inco		
Exclude: Your personal residence, including second tomes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.)., Partnership Inco	2004	
If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.		ST	\$1,000,00	
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	0 15,000	DS ST GAINS ED/BLIND TRU	2,500 5,000 15,000 \$50,000 \$100,000 4-\$1,000,000 01-\$5,000,000	52,500 55,000
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	\$100,00 \$250,00 \$500,00 \$1,000,0 \$5,000,0 \$25,000	NONE DIVIDEN RENT INTERE CAPITAL EXCEPT TAX-DE	\$100,00 \$1,000,0 Over \$5, Spouse/	\$1-\$200 \$201-\$1 \$1,001-\$ \$2,501-\$ \$5,001-\$ \$15,001
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sp BFA Life. Path Fund 2040	×	×	×	<u>×</u>

Use additional sheets if more space is required.

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SCHEDULE A - A

ASSETS & "UNEARNED INCOME"	
Name: George "Ges" Selmont	
Page 3 of 3	

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hat "Soy Noneal	K "Play x Play"		skie Island, Beaufor	stable)	Fakin	ABC Hedge Fund	<u> </u>	Mega Corp Stock	For a detailed discussion of Schedule requirements, please refer to the instruction booklet	If you so choose, you may indicate that an esset or income source is that of your spouse (SP) or dependent child (DC), or jointly hald with anyone (JT), in the optional column on the far left.	If you report a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second formes and vacation homes (unless there was rental focume during the reporting period); and cary financial interest in, or income derived from, a federal retirement program, including the Thirtt Savings Plan.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental and other real property held for investment, provide a complete address or description, e.g., 'rental property,' and a city and state.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, let every financial institution where there is more than \$1,000 in interest-bearing accounts.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generaled more than \$200 in "uneamed" income during the year.	identify (a) each asset held for investment	Assets and/or Income Sources	BLUCKA
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					!			S(pert)	P, S, 8(pert), or E						blank if there are no transactions that exceeded \$1,000.	please indicate as follows: (S (part))	penoa. If only a portion of	purchases (P), sales (S), or suchanges (E) exceeding \$1,000 in the reporting	indicate if the	Transaction	

SCHEDULE C - EARNED INCOME

Name:
George
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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. INCOME LIMITS and PROHIBITED INCOME. Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for

		Am	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
	Honorarium Salaru	\$0 \$20,000	\$500 \$76,000
EXAMPLES: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
Citybank, N.A.	spouse salary	N/A	N/A
	•		

SCHEDULE D - LIABILITIES

Name: George "Ges" Selmont Page / of /

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and exceeded \$10,000. liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period *Column K is for liabilities held solely by your spouse or dependent child.

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		Example	J4 24 3	Amuri	BBVA (O F	AASII)
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Date	Liability Incurred MO/YR	5/98	9/97	Shoung	7117	10/16	Vanious
	Type of Liability	Mortgage on Rental Property, Dover, DE	Student Loans	credit card	Personal loan	Personal loan	Credit courd
>	\$10,001- \$15,000						×
80	\$15,001- \$50,000			~	×	×	
6	\$50,001- \$100,000		×				,,
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Amount of Liability	\$250,001- \$500,000						
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o bility	\$1,000,001- \$5,000,000						
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SCHEDULE E - POSITIONS

or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years. Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership,

Position	Name of Organization
menbe/ President	Swan Soon Pictures, LLC
Montes President	Selmont Farm, LLC
Merce / Founder	Plan Xolag. LCC

SCHEDULE F - AGREEMENTS

and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service	J	Name: GPOrge "Ges" Selmont	GREEMENTS
ng the period of government service;		Page /_ of/	

continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee weltare or benefit plan maintained by a former or current employer other than the U.S. government; or continuing participation in an employee weltare or benefit plan maintained by a former or current employer other than the U.S. government; or continuing participation in an employee weltare or benefit plan maintained by a former or current employer other than the U.S. government; or continuing participation in an employee weltare or benefit plan maintained by a former or current employer other than the U.S. government; or continuing participation in an employee weltare or benefit plan maintained by a former or current employer other than the U.S. government; or continuing participation in an employee weltare or benefit plan maintained by a former or current employer other than the U.S. government; or continuing participation in an employee weltare or benefit plan maintained by a former or current employee or continuing participation in an employee well as the unit of the U.S. government is the unit of the U.S. government is a former or current employee or continuing participation in an employee well as the unit of the U.S. government is uni Identify the date, parties to,

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

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	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services